CHCS II

Clinical & Business Notes

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Welcome!

This bulletin is designed for passing along the latest information in the implementation and clinical integration process.

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AIM Forms
An Alternate User Interface for CHCS II

The AIM (Alternate Input Method) Form is a method to present MEDCIN terminology in a manner that looks more like the familiar paper chart. The forms have the advantage of using multiple ways to enter data to support more efficient clinical care. The MEDCIN terms can also be moved or grouped in a manner that more naturally flows with clinical care. The AIM form is NOT modifiable by the end user. However, it can be used in conjunction with a personal template or, through the use of specific dropdown menus and free text options, you can "customize" your note. Presently the AIM is only for the Subjective and Objective portion of the note. It is recommended that you build your own favorite order set to use with the AIM. This will permit you to customize your clinical care. Finally, the AIM form has a built-in email feature so that you can provide input into enhancing the form for your specialty. **Please note that build 837 (or later) must be installed for AIM forms to function.**

The AIM form represents an "alternate input method" for documentation in CHCS II. The form should allow more rapid documentation and training. The AMEDD CHCS II Program Office is striving to initially create one (1) overarching AIM form for each specialty area or task. Future enhancements of the AIM form are coming, which will allow you to see the note as you write it and create greater specificity to the dropdown boxes. Images or drawings will also be included. Refinement of the form will be based upon user input and consultant review. The goal is to have a form that facilitates efficient clinical documentation with the vast majority of information entered as structured text. A guide to finding and using AIM Forms is located on the CHCS II Help Page on AKO, located at the following link: https://www.us.army.mil/suite/page/131202

Currently the list of AMEDD-approved AIM Forms includes the following:

Cardio-General	Peds-General
GYN-General	Peds-School & Sports Physical
IM-Geriatric Adult	Peds-Well Child-Birth to 12 Months
PC-Adult	Peds-Well Child-1 to 3 years
Pulm-General	Peds-Well Child-3 to 11 years
Urology-General	Peds-Well Child-11 to 16 years

DA 3349 Long Form Profile Available

Army sites can now start using the DA 3349 built into CHCS II. All providers should have the role "omg_test" added to their accounts to make this feature available. This profile form was originally developed in MEDBASE, and the functionality was incorporated into CHCS II. Please visit the CHCS II AKO Help page and/or check with your Sustainment trainer for details on how to use this important tool!

CHCS II "Cache" Overview

- **Build 838**
- **Expected fielding in May 2005**
- **Steps in when connection to CDR is lost**
- **Continuous operation until connection is restored**

EMR Systems & JCAHO – Part One

- **Improving the Quality of Care**
- **Patient Safety Enhancements**
- **Documentation Enhancements**
- **Rperformance Improvement Enhancements**

CHCS II "Cache" Overview

With CHCS With CHCS II Build 838, expected to be fielded in May 2005, the local cache or failover functionality will make its debut. In short, this new capability makes it possible to continue use of CHCS II even if a site's local connection is lost between the CHCS II servers and the Clinical Data Repository (CDR) at DISA in Montgomery, Alabama. Through automatic storage of a limited amount of additional information on the present legacy CHCS host server (Cache), continued operation of CHCS II can take place until connectivity to the CDR is restored.

While not all information in the CDR will be available for use from the cache, sufficient information will be stored to allow continued system use. The modules usable while in "local" or "cache" mode include: encounters, screening, vital signs, S/O, A/P, disposition, appointments, immunizations, allergies, problem list, meds/labs/rads order and review, demographics, health history, telephone consults, and, to a degree, previous encounters. For patients with scheduled appointments, the preceding four encounters will be cached the night before the appointment. Encounters created at a given site will also be retained in the cache for approximately six months depending on storage space in the legacy server. For walk-in patients and for those not previously seen, there will likely be no previous encounters visible when operating in cache mode.

Users will be notified if cache mode is operating. This will inform them that they may not have access to all the data in the CDR. Upon reconnection to the CDR, users may be required to log-in again to re-establish a secure connection with the CDR. It should be noted that cache functionality specifically supports a failing connection between a legacy host site and the CDR; it does not offer support should connectivity be lost from a legacy CHCS satellite clinic to its legacy CHCS host (e.g., Fort Eustis to Portsmouth NMC). This is because the cache is physically located at the legacy CHCS host site. That said, substantial benefit will still be seen by all facilities.

Other improvements are likely to result from the introduction of the cache functionality and its associated software. As the CDR is not a "single point of failure" for the entire MHS, overall system downtime should decrease. When a single legacy CHCS host fails (a fairly rare occurrence), it will only affect sites operating off that host. Additionally, due to a decrease in the number of read/write messages to the CDR from local sites, an improvement in overall processing speed may occur.

Cache functionality will apply to all encounters that start after cache goes into effect. Encounters that were opened in Build 837 cannot be completed in the local cache mode of Build 838. The current timeline calls for completion of testing and deployment to the field in May-June 2005. All sites are reminded that they MUST be on build 837 patch 4 to be able to load and take advantage of the benefits of build 838 with local cache. All sites are encouraged to move to 100% installation of build 837 patch 4 on all CHCS II computers ASAP.

EMR Systems & JCAHO – Part One

This begins a three-part series on the relationship between CHCS II and JCAHO. To date, two AMEDD facilities – Fort Stewart and Fort Rucker – have undergone JCAHO survey after implementing CHCS II. CHCS II was not a negative factor in either survey.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has identified that improving quality care, reducing errors in the delivery of care and containing costs while increasing productivity are among the greatest challenges facing healthcare today. The electronic medical record (EMR), which

Web-Based Training

This website contains tutorials developed to help you learn how to use CHCS II. The tutorials consist of lessons, demos, and guided practice that teach you how to perform critical medical tasks using the CHCS II software. On the web at:

http://www.wcpsolutions.com/chcsiimedical/

NOTE: At PCS all individuals should have their CHCSII accounts terminated at the site that they are departing. This is accomplished by submitting a trouble ticket. If the local account is NOT terminated then establishment of the new account at the next duty station will be delayed.

The CHCS II Community Homepage is located on AKO at www.us.army.mil.

**Login to AKO,
click on GROUPS,
click on CHCS II,
click on HOMEPAGE.**

permits patient information to be stored, edited and retrieved electronically, provides great potential in achieving these goals by providing unique benefits, such as tools, reminders, and system checks that can help healthcare organizations reduce errors and improve overall quality of care

In 1996, JCAHO introduced Information Management/Information Technology (IM/IT) standards to ensure that healthcare organizations obtain, manage and use information to improve quality of care. The implementation of successful EMR systems can significantly address healthcare organizations' performance on several JCAHO standards related to Care of Patients (TX), Management of Information (IM) and Improving Organizational Performance (PI).

In this edition of the Clinical Business Notes (CBN), we will highlight ways in which the EMR improves the quality of care. In subsequent editions, we will focus on how implementation of the EMR can help reduce errors in the delivery of care and contain costs while increasing productivity in healthcare.

Improving the Quality of Care - EMR systems significantly improve the clinical and administrative efficiency and the overall quality of care of medical practices through patient safety, documentation and other performance improvement enhancements.

Patient Safety Enhancements – Promotes patient safety and prevention of serious sentinel events through drug and allergy alerts at the time of prescribing and dispensing

- Enables 24-7 universal access to patient charts
- Facilitates real-time review of diagnoses and care plans
- Assists in reducing variability of care
- Provides built-in age and gender specific health maintenance reminders that can alert the healthcare team of the need to order routine procedures and tests, such as mammograms
- Improves the effectiveness of communication among caregivers (Patient Safety Goal #2) through the availability of legibly information

Documentation Enhancements

- Improves legibility and overall data quality in the documentation of patient encounters (legibility, organization and completeness)
- Provides improved signing of documentation
- Enhances access to complete and current patient demographic data including race, ethnicity and primary language
- Simplifies records review process and promotes easier compliance with chart reviews and chart audits
- Improves the E&M coding process

Performance Improvement Enhancements

- Improves healthcare institution's ability to develop, monitor and manage care plans and performance improvement programs
- Facilitates outcomes tracking of ORYX measures and increases access to critical pathways
- Promotes a multi-disciplinary approach to patient care
- Serves as an excellent data mining source for infection control surveillance, sentinel events monitoring, root cause analysis, risk reduction and reengineering clinical and business processes
- Promotes better disease management by providing the ability to assemble data in clinically relevant ways allowing the healthcare team to more easily follow medical markers over time.

EMR Systems & JCAHO Part Two (next issue) addresses Reducing Errors in the Delivery of Care.